

ADDENDUM B
COST REIMBURSEMENT BUDGET

Contract Number: _____ Taxpayer ID#: _____
Agency: _____
Address: _____
Project Title: _____
Budget Period: _____ to _____ Fiscal Year: _____

BUDGET ITEMS	TOTAL COST
1. PERSONNEL	
2. SUBCONTRACTS	
3. TRAVEL	
4. SPACE	
5. SUPPLIES	
6. EQUIPMENT	
7. OTHER	
8. TOTAL PROJECT FUNDING (sum lines 1 through 7)	
9. Local Share (Itemize the sources and amounts under COMMENTS below)	
10. Other Federal Share (Itemize the sources and amounts under COMMENTS below)	
11. MAXIMUM DHR SHARE (line 8 minus lines 9 and 10) >>>>>>>>	
12. PERCENT DHR SHARE OF TOTAL PROJECT FUNDING (Line 11 divided by line 8)	_____

COMMENTS (In addition to itemizing the sources and amounts of local and other non-DHR funding, include, as applicable, a brief description of the nature of each income-generating activity planned):

NOTE: ON THE FOLLOWING PAGES, DESIGNATE CLEARLY ALL BUDGET LINE ITEMS THAT REPRESENT COSTS IN WHICH DHR WILL NOT PARTICIPATE IN WHOLE OR IN PART, I.E., IN-KIND COSTS, UNALLOWABLE COSTS, ETC. ALL COSTS FOR THE LINE ITEMS SO DESIGNATED MUST BE PAID IN FULL WITH NON-DHR FUNDS.

DHR USE ONLY		
Approved for Mathematical Accuracy:	_____	_____
	Assistance Payments, Finance Division	Date

Fiscal Year:

Group those Position Descriptions having identical salary details.

[illegible]

Subtotal Salaries:

FRINGE BENEFITS

FICA

Workman's Compensation

Health Insurance

Other (specify)

Subtotal Fringe Benefits:

TOTAL PERSONNEL:

Itemize each actual/proposed subcontract. All subcontracts require the Department's prior written approval.

[illegible]

Contract Number:

Fiscal Year:

3. TRAVEL	All out-of-state travel requires the Department's prior written approval.	
	In-state	
	Out-of-state	
TOTAL TRAVEL:		
4. SPACE	All repairs to facilities, regardless of the cost, require the Department's prior written approval.	
	Telephone	
	Rent/Lease	
	Use Allowance (requires an FM-05 "USE ALLOWANCE – SPACE" form)	
	Utilities	
	Upkeep (buildings/grounds)	
	Other (specify)	
TOTAL SPACE:		
5. SUPPLIES	Competitive bids may apply.	
	Office Supplies	
	Custodial Supplies	
	Other (itemize and be specific -- attach a separate listing if needed)	
TOTAL SUPPLIES:		
6. EQUIPMENT	Itemize (attach a separate listing if needed).	
	Rental/Lease	
	Use Allowance (requires FM-06 "USE ALLOWANCE – EQUIPMENT" form)	
	Depreciation (supporting documentation required -- see instructions)	
	Repairs	
	Other (specify)	
TOTAL EQUIPMENT:		
7. OTHER		
	Liability Insurance	
	Vehicle Maintenance, such as gas, oil, etc.	
	Printing	
	Indirect Cost (rate must be approved by the Department)	
	Other (specify)	
TOTAL OTHER:		